

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEEDBACK CULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/542615**

FILING DATE

APPLICANT(S) **10/542**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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